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ABSTRACT

Adolescent childbearing has historically been a relatively frequent phenomenon in Mexico and has only recently begun to decline. This study was designed to identify to what extent urban Mexican adolescents, who became pregnant out-of-wedlock and who carried their pregnancy to term, received social support during pregnancy and their emotional response to pregnancy. Data were taken from a longitudinal study of primiparous adolescents (N=172) who gave birth at a public maternity hospital which serves low and lower-middle income women in Mexico City. Assertiveness; depression; quality of emotional support from the adolescent's family of origin, partner's family, and partner; adolescent's emotional reaction to pregnancy; quality of prepregnancy intrafamilial relations; family instability and background variables were assessed. The results indicated: (1) adolescents perceived their families to be quite supportive by the third trimester of pregnancy; (2) adolescent's father's occupation, partner's relationship with family of origin, and quality of couple relationship were significant in regard to emotional support from the partner; (3) only a fifth of the adolescents admitted to feeling badly and were moderately depressed about their situation; and (4) quality of previous intrafamilial relations was the most important factor in adolescent's emotional response. Taken as a whole the results reaffirm the importance of the sociocultural context for understanding the psychosocial meaning of adolescent pregnancy. (ABL)

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THE PSYCHOSOCIAL MEANING OF PREGNANCY AMONG ADOLESCENTS IN MEXICO CITY

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Adolescent childbearing has historically been a relatively frequent phenomenon in Mexico and has only recently begun to decline, as evidenced by the age-specific fertility rate for women 15-19 years old which was 105 per 1000 in 1982 and has dropped to 84 per 1000 in 1986 (Bobadilla-Fernandez, Schlaefer-Pedrazzini & Alagon, 1990). This decline is similar to but less pronounced than decreases seen in all other age groups of Mexican women which are generally attributed to the effectiveness of the widespread governmental family planning program initiated in 1976 (Zavala de Cosio, no date).

To a large extent, the causes and consequences of adolescent childbearing will be determined by sociocultural factors which influence how the pregnancy affects the adolescent and how her family and the broader society react. Various sociocultural patterns prevail in Mexico which tend to promote acceptance of early pregnancies: motherhood is a highly central cultural value, often taking precedence over a woman's alternative roles; sexual relations are less approved of for pleasure alone than for procreation; machismo is still a dominant issue within interpersonal relations; and family relationships remain strong and tend to involve considerable intergenerational interdependence (Díaz-Guerrero, 1982; Holtzman, Díaz-Guerrero and Swartz, 1975; Paz, 1959). However, even within this setting, changing expectations for increased education and career opportunities for women in urban areas may intensify possible conflicts caused by

pregnancy during adolescence. Adolescents who have higher academic aspirations may find an early pregnancy less acceptable than adolescents who have already left school or who did not plan to continue their studies.

The present analysis was designed to identify to what extent urban Mexican adolescents, who became pregnant out-of-wedlock and who carry their pregnancy to term, receive social support from their family and boyfriend and how they respond emotionally to the pregnancy. Analyses were also aimed at identifying to what extent selected background characteristics were related to the quality of the social supports the adolescent received and to her emotional response to pregnancy. We then looked at the relation of partner and family supports during pregnancy to the adolescent's emotional response, alone and together with the background characteristics.

METHOD

Data were taken from a longitudinal study of 172 primigravida adolescents who gave birth at the Instituto Nacional de Perinatologia (INPer) a public maternity hospital which serves low and lower-middle income women in Mexico City. They all had become pregnant while single or in a brief (<6 months) consensual union and before reaching age eighteen. They received their prenatal care at the INPer. Furthermore, they were not planning to live outside of Mexico City in the coming year, did not work as live-in domestic servants and the pregnancy was not due to rape nor incest. They were referred to the study by their social worker at the INPer. Table 1 describes the general sociodemographic and perinatal

characteristics of the study group. Most of the adolescents were between 15 and 18 years of age when interviewed. The few who were 18 had become pregnant and entered the Institute when still 17 but had turned 18 by the time they were interviewed. The partners were on the average a few years older than their girlfriends with 85% between 17 and 24 years of age. Most of the fathers of the adolescents were employed in middle level jobs although 15.4% were either un- or underemployed. The majority of the adolescents had studied some years of secondary school with another 20% who had begun high school. A large percentage (41.9%) of the adolescents had left school before becoming pregnant, while a similar proportion (46.5%) left school during pregnancy, before the third trimester. Only a small group (11.6%) was still in school when interviewed. At the time of the interview, 57.5% of the adolescents were living with the baby's father and another 16.9% were single but continued seeing their boyfriend. The majority (60.4%) of the pregnancies occurred within the context of a relatively long-term relationship, i.e., greater than 8 months of courtship.

Prenatal care parameters showed considerable variation. Forty one percent of the group attended fewer than 6 prenatal visits, including those of an undefined nature outside of the INPer. If one only counts visits to the obstetrician at the INPer this figure rises to 64.5%. Most of the adolescents (81.4%) did not report any pregestational pathologies but 47.1% developed some, although often minor, condition during pregnancy. In the majority of cases (61%) the newborns were completely healthy while 33.9% presented from one

to four pathologies. Ten percent of the babies were born with low-birth-weight and 8.6% were preterm.

Pre-coded interviews developed and pretested for this study were applied during the third trimester of pregnancy in a private interview situation. The Epidemiological Center Depression Scale (Radloff, 1977) and a Mexican Assertiveness Scale (Flores-Galaz, Díaz-Loving & Rivera-Aragón,1987) were also applied. Additional scales were constructed on the quality of emotional support from the adolescent's family of origin (maternal, paternal, total) and from her partner's family; partner's emotional support (including his attitude towards pregnancy), adolescent's emotional reaction to pregnancy; adolescent's assertiveness, quality of prepregnancy intrafamilial relations; and family instability. Variables from the interview were selected on an a priori basis for each of these scales. Conceptually related items were analyzed by correlogram and the selected items were subjected to factor analysis. The final scales consisted of averages of the items which loaded significantly (.4 or better) on the principal factors. Table 2 lists the scales and the items which were included along with their beta coefficients. Thirteen additional variables based on discrete questions from the interviews or combinations thereof were also included in the analyses. Table 3 shows which variables were entered into each of the logistic regression analyses. These were selected a priori as the most relevant ones for each dependent variable. The dependent variables were dichotomized at the point in which the greatest number of significant bivariate associations

with predictor variables were found using the Mann-Whitney's U test. Predictor variables which were individually significant at a .05 level or better were then entered into multiple logistic regression analyses. The significant background variables were entered in the following order according to their hypothesized importance: adolescent's school aspirations and other personal characteristics, partner and relationship characteristics, family variables including socio-economic level. Subsequently, the Support variables were analyzed in relation to Adolescent's Emotional Response and then entered in a regression together with the most important background variables.

RESULTS

Descriptive results of support and emotional response are shown in Table 4. All the adolescents who remained single were living at home. Thirty percent of the adolescents who lived with the baby's father were living at home with their family, while 53.4% lived with their "in-laws". Emotional support received from the mother (or substitute) was perceived as very negative or negative in 8.8% of the cases, mixed or neutral in 20% and good or very good in the rest (70.9%). Support from the father (or substitute) was perceived more negatively: 13.3% very negatively or negatively, 12.8% mixed or neutral and 57.5% positively or very positively. By averaging maternal and paternal support into a global measure of emotional support from the family of origin a composite image is obtained: no adolescent scored in the most negative category, in other words all the adolescents received at

least some support from her mother or father. Eighteen percent of the group considered their family's support to be poor or mixed/neutral while larger proportions perceived support as positive (39%) or very positive (43%). Sixty three percent of the group said they received some support from their "in-laws", although 30.7% judged the quality to be mixed, poor or very poor. Half of the group (50.9%) felt the emotional support they received from their "in-laws" was positive and 18.4% very positive.

The adolescents' emotional responses to pregnancy were relatively positive, although considerable variation existed. By the third trimester, none of the adolescents reported a very negative response but 22.7% still expressed a poor or mixed reaction while the majority felt good (63.4%). Only 14% reported a very positive response at the time of the interview. These results are far more positive than the adolescent's initial reaction to the pregnancy (not shown): originally 51.4% had shown very negative, negative or mixed reactions while the rest (48.5%) reported having felt good. None of the adolescents reported having had a very positive initial reaction to the pregnancy.

The variables which were significantly associated with each dependent variable at a bivariate level are indicated with an asterisk in Table 3. The results of the multivariate logistic regression analyses are shown in Tables 5 through 8. When controlling for the other variables, three background variables remain significant in relation to Emotional Support from the Adolescent's Family: Quality of Prepregnancy Intrafamilial

Relations, the Partner's Relationship with Family of Origin Before Pregnancy and the Duration of the Courtship. If the adolescent reported intrafamilial problems throughout her life, it was 5.25 times more likely that her family would not provide positive support during pregnancy. Likewise if her boyfriend had not gotten along well with her family before pregnancy, it was 5 times more likely the family would not be supportive. A short courtship (less than 9 months) also made deficient family support 2.25 times more likely.

With regards to the Emotional Support from the Partner, three background variables remained significant: Adolescent's Father's Occupation, Partner's Relationship with Adolescent's Family of Origin and the Quality of the Couple Relationship. If the adolescent's father had a low-level occupation it was almost 5 times more likely that the partner would respond negatively. If the partner had poor relations with her family and if the couple did not get along well prior to pregnancy it was 2.9 and 2.59 times more likely, respectively, that the partner would not provide positive support during pregnancy.

Turning to the adolescent's Emotional Response to Pregnancy, five background variables were significant predictors: Quality of Prepregnancy Intrafamilial Relations, School Aspirations, Partner's Age, Father's Occupation and the Adolescent's Age. Negative Emotional Response to Pregnancy was 7 times more likely to occur if the adolescent reported poor family relations throughout her life. Surprisingly, her response to pregnancy was 4 times more likely to

be negative if she had reported low school aspirations. Low values on the remaining three variables (Partner's Age, Father's Occupation and Adolescent's Age) each made a negative response to pregnancy two to almost three times more likely.

Both of the Support during Pregnancy variables were significantly related to the Adolescent's Emotional Response to Pregnancy (not shown). Poor Emotional Support from her Family of Origin made it 2.46 times more likely that she not be feeling good about the pregnancy. Likewise, poor Emotional Support from her Partner made such a Response 4.34 times more likely. When these contemporaneous variables are combined with the background variables, only Emotional Support from the Partner remains significant while Quality of Intrafamilial Relations, School Aspirations and Partner's Age continue to show strong relations. Quality of Intrafamilial Relations, itself associated with Emotional Support from Family of Origin as seen above, was the most important determinant measured of the Adolescent's Emotional Response to Pregnancy. If these relationships had been poor it was 8 times more likely that she would still be feeling poorly about the pregnancy during the third trimester. Low School Aspirations, low Age of Partner and poor Support from him each made it 4 times more likely that the adolescent would have adapted poorly to the pregnancy.

Conclusions and Discussion

Both the descriptive and predictive findings will be discussed together, first in relation to the support from the adolescent's

family of origin, then the partner's support and finally the adolescent's emotional response to pregnancy, concluding with comments concerning research and policy implications of the findings.

From the outset, however, it is important to remind the reader of a very important aspect of the psychosocial context within which these results were obtained: the adolescents studied are those who did not respond to the news of pregnancy by seeking a clandestine abortion. Very little is known in Mexico about differences between adolescents who abort and those who carry their pregnancies to term. Evidence from other countries (Luker, 1975; Browner, 1979; Arévalo, Castillo and Vargas, 1987) suggest that the family and the partner have an important role in the decision either way. It would therefore be likely that, in many cases, the adolescents studied are those whose family and partner were less opposed to the pregnancy from the outset. Even within this group, the abortion option had been mentioned at the beginning of pregnancy in 58.3% of the cases. Family members and/or the partner were involved in such discussions in 83.2% of these cases (Atkin & Givaudan, 1989).

Taking into account such a context, it is clear that most of the adolescents studied were receiving some kind of instrumental family support. Almost all were housed with their own family, their family of formation or with their partner.

Family Support: Except for a subgroup of about 1/5 of the adolescents, the adolescents perceived their family as quite supportive by the third trimester of pregnancy. As previously

reported results from our study show (Skala & Atkin, 1990) even the adolescents who remain single were no different from the adolescents in union with regards to the quality of support from their family of origin. Such results contrast with the image of the pregnant adolescent as a social outcast, rejected by her family and the society at large. In Mexico the generally positive response of the family of origin, despite initial uproar and recriminations, suggests a pattern far more similar to those described among poor blacks in the US (Furstenberg, 1985; Geronimus, 1987) in which the extended kin network provides both instrumental and emotional support.

Even within the relatively favorable response on the part of the Mexican adolescent's family, important differences exist. These are influenced to an important degree by the quality of intrafamilial relations well before the pregnancy: both in terms of how well the adolescent's parents (or substitutes) got along with each other and with her, as well as how well the boyfriend had been accepted within the family. Adolescents from families that got along well, that got along with her boyfriend, whom she had been seeing for more than 8 months, received positive emotional support from their family of origin. This pattern is congruent with what seems to be a culturally accepted pattern: a relatively long-term courtship in which the boyfriend becomes integrated into the family followed by marriage, either before or after conception. On the other hand, those who had lived all their lives with family tensions, insults and perhaps physical violence, and who became

pregnant after a brief relationship with a partner who was not accepted by the family, continue to be exposed to tensions and problems from their family during the pregnancy. The family's response to pregnancy is not, then, by any means an isolated phenomenon but rather the result of interpersonal resources and coping mechanisms that have characterized the families before the pregnancy and will probably continue to do so afterwards.

It is worthy of note that none of the adolescent's personal characteristics contributed significantly in the multivariate analyses to the quality of family support. In this sense the Mexican family is providing support unconditionally depending far more on its own internal interpersonal resources and on their evaluation of the couple relationship, rather than judging the adolescent's goals, maturity or personality.

Furthermore, in more than half of the cases, the adolescents had also become involved in an additional support network through their partner's family. These findings are also similar to those described by Geronimus (1987) showing that black adolescent mothers in the US frequently have broadened their support network to include the baby's father's family even, sometimes, when the couple has not gotten married.

The social support literature has shown important and far-reaching effects on emotional state during pregnancy, the subsequent mother-child relationship and the child's growth and development (Cochran & Brassard, 1979; Crnic, Greenberg, Robinson & Ragosin, 1984). Social supports for adolescent mothers may have

even more far-reaching consequences considering their important potential for providing role models and direct education in situations where the young mother's inmaturity and/or inexperience make such orientation desireable. Studies that have directed attention to the influence of the family supports on adolescent mothers suggest that they may be very important for determining the impact of the pregnancy on the young mother and her child (Colléta, 1981). Several studies have found better health and developmental outcomes for children of adolescent mothers when there were additional, adult caregivers (Furstenberg, 1980).

Family support may also be essential for improving the adolescent's chances of furthering her own development. Furstenberg's pioneering work in the US (1980; 1985) has shown that, not only is family support a resource that is used more often than previously thought, but that it is key to the adolescent's future success, in those cases in which it does not lead to over dependence. Mexican families have a far greater acceptance of intergenerational interdependence than US families (Holtzman, Díaz-Guerrero, & Swartz, 1975) and so one might expect family support to be more long-lasting and socially acceptable. The data reported here however are limited to the period during pregnancy so we can not say anything yet about how the families will respond later on until the follow-up data are analyzed.

Partner Support: It is clear that if the young man does not entirely exit from the relationship, his response tends to be relatively favorable. The socioeconomic status of the adolescent

mother determines in large part the quality of the emotional support he provides. Since no measure of his SES was included in our analyses we are not able to say whether or not the important factor is his or her socioeconomic status, which are in fact probably highly correlated. The importance of SES could imply that if economic resources are not available within the adolescent's family of origin (nor in his own perhaps), the couple is far less likely to become integrated and he is far less willing to assume the economic responsability of a wife and child, placing the poorer adolescent mothers at even greater risk of single motherhood. Our pilot interviews with adolescent fathers confirm the salience of economic resources as a predominant determinant of the young man's attitude toward the pregnancy (Alatorre-Rico, Ortiz-Torres & Atkin, 1991).

Adolescent's Emotional Response: The Adolescent's Emotional Response to the Pregnancy also manifests a positive attitude and adjustment in the majority of the cases. Only a fifth of the adolescents admit to feeling badly and are moderately depressed about their situation. Such a positive adjustment may reflect secondary gains that the adolescent perceives (Vargas-Trujillo & Atkin, 1988). Increased status and improved familial relations in response to the pregnancy have been observed by several authors (Furstenberg, 1980; Geronimus, 1987). While such positive gains may be temporary, they may actually act as strong incentives for early childbearing or, at least, undermine the influence of other disincentives.

As would be expected, several personal characteristics of the adolescent and her partner are significant background predictors of the Adolescent's Emotional Response. Nevertheless, the Quality of her previous Intrafamilial Relations is by far the most important factor, predominating over the Quality of the Emotional Support during Pregnancy. In this sense it is reflecting both the quality of support that develops throughout the pregnancy but also the more long-lasting quality of the family environment in which the adolescent was raised. The influence of the quality of spousal and parent-child relationships on subsequent maturity and coping abilities of offspring has been demonstrated repeatedly (Maccoby & Martin, 1983). Furthermore, the family's ability to cope with stress, both real and perceived by the adolescent, may be related to the quality of intrafamilial relations. The adolescent who comes from a dysfunctional family may be more negatively affected by the pregnancy due to her less optimal personality development as well as to her evaluation of her family's incapacity to provide her with needed support.

Personal characteristics of the couple are related to the adolescent's emotional adjustment. Adolescents who had higher school expectations, were older and whose partner was older, seem more optimistic about their ability to cope with the pregnancy and childrearing than adolescents who even before pregnancy had had limited goals and who were younger and whose partners were under legal age. Our expectation that increased academic aspirations would be associated with greater stress was not fulfilled. Other

research in Mexico, makes it clear that higher school aspirations are associated with less likelihood of adolescents initiating sexual relations, with better use of contraceptives and with less likelihood of becoming a mother during pregnancy (Pick de Weiss, Atkin, Gribble & Andrade-Palos, in press). However, among adolescents who decided (actively or passively) to carry their pregnancy to term, school aspirations seem to reflect greater personal and familial resourses since they are associated with still being in school at the beginning of the pregnancy; higher SES level; higher educational levels of mother, partner and adolescent; and far greater assertiveness (Estevez & Atkin, 1990).

The partner's age may reflect greater maturity and/or wage-earning potential. The fact that the most significant cut-off point for the Adolescent's Age was "under 17" vs "17 to 18" suggests that these 17-year-olds are more mature and willing to assume the maternal role or perhaps are accepted by society more readily than their younger peers. This supports observations by other authors (Geronimus, 1987) that the definition of adolescence and the significance of age per se will differ across cultures.

Summary

Taken as a whole, these results reafirm the importance of the sociocultural context for understanding the psychosocial meaning of adolescent pregnancy. In Mexico, the influence of the family and of the male partner appear to be far greater than the personal characteristics of the adolescent in relation to the social and emotional response to pregnancy. Although some adolescents lack

support and are feeling badly, the majority are not devastated emotionally nor do they find themselves totally alone nor continually criticized and stressed. For most, support exists and they are able to adapt favorably to the pregnancy.

These findings have important implications for research and for policy and programs. Continued efforts, including qualitative and longitudinal studies, should be directed at understanding the sociocultural meaning of adolescent pregnancy in different cultures. To the extent that our findings reflect deeply-rooted cultural patterns, actions aimed at preventing adolescent pregnancy will be up against important obstacles. The short- and perhaps long-term gains of early childbearing would have to be weighed against poorly understood and possibly uncertain longer-term benefits of continued education. In a city where about 50% of the professionals earn less than two times the minimum wage, the relation between higher education and higher income is not as clear as it used to be (Muñoz-García & Suárez-Sozaya, 1991). Actions designed to prevent early pregnancy would have to focus on realistic ways to increase the salience and attainment of such alternative benefits, including policies to augment the economic relevance of and access to educational achievement.

It is clear that research and policy need to focus attention on the family and on the adolescent male rather than only on the adolescent female as an isolated individual. Research should carefully identify how the family and the boyfriend are involved in producing conditions that lead to adolescent pregnancy and how

they contribute to the risks and benefits which accrue from it. Policies and programs must be aware of the broader influences on young couples and seek ways of strengthening the positive potential within the Mexican family system rather than undermining it.

Our results have also identified an important subgroup of pregnant adolescents who do not receive adequate support and are not adapting favorably to the pregnancy. This subgroup may be far more numerous in even more disadvantaged samples or among adolescents who do not seek prenatal care. They will need intensive intervention to improve and/or supplement their deficient social networks and to improve their emotional adjustment. These adolescents may be especially vulnerable and at-risk of later difficulties in childrearing and with regard to their own personal development and should be identified as early as possible and provided with special services. Such services might work directly with the families to support them and help them support the adolescent. Our initial interviews and therapy with mothers suggest that some of them have marked and urgent emotional and educational needs which should not be neglected. Furthermore, group sessions with pregnant adolescents, which can be highly effective as an educational method (Vargas-Trujillo & Atkin, 1988), have additional benefits as an alternative source of support.

Table 1
Selected Characteristics of Study Group
n=172

	Adolescent		Partner	
■ Age				
13-14	9.3%		0%	
15-16	58.1%		8.7%	
17-18	32.6%		27.8%	
19-20	-	$\bar{x}$=16.0	32.0%	$\bar{x}$=20.1
21-24	-		25.0%	
25-50	-		6.4%	
■ Adolescent's Father's Occupation				
Un- or Underemployed			15.4%	
Laborer/Employee			56.8%	
Merchant			23.4%	
■ Adolescent's Educational Level				
Primary			16.9%	
Secondary			62.3%	
High School			20.9%	
■ School Leaving in Relation to Pregnancy				
Before Pregnancy			41.9%	
During Pregnancy			46.5%	
Still in School			11.6%	
■ Marital/Couple Status				
Single without Relationship			25.6%	
Single with Relationship			16.9%	
Consensual Union			27.3%	
Legal Union			30.2%	
■ Length of Courtship				
8 months or less			39.6%	
9 to 24 months			50.3%	
24 months or more			10.1%	
■ Prenatal care indicators				
Less than 6 doctor visits in & out INPer			42.0%	
Less than 6 doctor visits in INPer			64.5%	
Pregestational pathology			19.6%	
Gestational pathology			47.1%	
■ Neonatal outcome				
1 to 4 pathologies			33.9%	
Low-birth-weight			10.0%	
Pre-term birth			8.6%	

Table 2
Scales and Component Variables

	Coeff.
Boyfriend's relationship with her family of origin prior to pregnancy	
How he got along with them	.86
How well they thought of him	.88
How well he thought of them	.84
Quality of prepregnancy intrafamilial relations	
Quality parental relationship when young	.82
Quality parental relationship last year	.63
Quality parent-daughter relationship	.55
Housing quality	
Number of light bulbs	.83
Number of persons per bedroom	.83
Family instability	
Number of changes of parental figures	.85
Number of social and health problems	.61
Adolescent's Emotional Response to Pregnancy	
Feelings toward Pregnancy	.61
Optimism about Future	.73
Pregnancy Satisfaction	.77
Depression	.54
Mother's Support:	
Mother's Initial Reaction	.62
Mother's Present Attitude toward Pregnancy	.68
Encouragement	.67
Family Problems Stemming from the Pregnancy	.67
Support for Couple	.54
Father's Support:	
Father's Present Attitude toward Pregnancy	.83
Adolescent's Relationship with Father	.89
Family Influence	.47
Emotional Support from Family of Origin	
Mother's Support	.89
Father's Support	.89
Emotional Support from Partner	
Initial Reaction	.69
Present Attitude	.92
Interest in Pregnancy	.94
Adolescent's Satisfaction with Partner's Interest	.87
Emotional Support from Partner's Family	
Support for Couple	.83
Family Influence	.81
Satisfaction with Family Support	.80
Encouragement	.79
Relationship with "mother-in-law"	.77

Table 3
Predictor Variables Selected for each Dependent Variable

Predictor Variables	Dependent Variables: Support Family	Support Partner	Emotional Response
■ Adolescent			
age	x	x	x*
schooling	x	x	x*
timing of leaving school	x	x	x
assertiveness			x*
school aspirations	x	x	x*
■ Partner			
age	x	x	x*
schooling	x*	x	x*
initial reaction	x*	x*	x*
■ Couple relationship			
duration	x	x*	x
quality	x	x*	x*
boyfriend's relationship with her family of origin	x*	x*	x*
■ Adolescent's family of origin			
quality of prepregnancy intrafamilial relations	x*		x*
socioeconomic level	x*	x*	x*
instability	x		x
presence of adolescent pregnancies	x*		x
parents' expectations for adolescent's education	x*		x*
■ Emotional Response to Pregnancy			
■ Emotional Support from Family of Origin			x*
■ Emotional Support from Partner			x*

Table 4
PERCENT OF CASES BY CATEGORY OF SUPPORT
AND EMOTIONAL RESPONSE VARIABLES

■ Residence by civil status	
Single:	
Family of Origin	100.0%
In Union:	
Family of Origin	30.1%
"In-Laws"	53.4%
Others	0.0%
Alone	15.5%
■ Emotional Support from Mother	
Very Negative	1.2%
Negative	7.6%
Mixed	20.0%
Positive	43.0%
Very Positive	27.9%
■ Emotional Support from Father	
Very Negative	2.8%
Negative	13.2%
Mixed	15.3%
Positive	25.7%
Very Positive	43.1%
■ Emotional Support from Family of Origin	
Very Negative	0.0%
Negative	1.2%
Mixed	16.9%
Positive	39.0%
Very Positive	43.0%
■ Emotional Support from Partner's Family	
Very Negative	7.9%
Negative	13.2%
Mixed	9.6%
Positive	50.9%
Very Positive	18.4%
■ Emotional Support from Partner	
Very Negative	14.1%
Negative	9.4%
Mixed	6.5%
Positive	18.2%
Very Positive	51.8%
■ Adolescent's Emotional Response (third trimester)	
Very Negative	0.0%
Negative	6.4%
Mixed	22.7%
Positive	63.4%
Very Positive	14.5%

Table 5

THE PSYCHOSOCIAL MEANING OF PREGNANCY
AMONG ADOLESCENTS IN MEXICO CITY

RESULTS OF THE MULTIVARIATE LOGISTIC REGRESSION ANALYSIS
Dependent Variable: Deficient Emotional Support from Her Family of Origin
Predictor Variables: Pre-pregnancy Characteristics

Predictor Variables	Coefficient	OR	OR Confidence Interval
■ Family Relations			
Poor	1.66	5.25	1.44 - 19.44
Good		1.00	
■ Partner's Relation with Her Family			
Poor	1.64	5.16	1.30 - 20.60
Good		1.00	
■ Duration of Courtship			
Short	.80	2.25	1.06 - 4.77
Long		1.00	

$X^2 = 23.99$ p= .0000 D = 11.88

Table 6

THE PSYCHOSOCIAL MEANING OF PREGNANCY
AMONG ADOLESCENTS IN MEXICO CITY

RESULTS OF THE MULTIVARIATE LOGISTIC REGRESSION ANALYSIS
Dependent Variable: Deficient Emotional Support from Partner
Predictor Variables: Pre-pregnancy Characteristics

Predictor Variables	Coefficient	OR	OR Confidence Interval
■ Father's Occupation			
Low	1.60	4.94	1.37 - 17.83
High		1.00	
■ Partner's Relation with Her Family			
Poor	1.06	2.90	1.31 - 6.43
Good		1.00	
■ Quality of Relation with Partner			
Poor	.95	2.59	1.16 - 5.82
Good		1.00	

X^2 = 22.24 p= .0001 $\bar{D}$ = 12.17

Table 7

THE PSYCHOSOCIAL MEANING OF PREGNANCY
AMONG ADOLESCENTS IN MEXICO CITY

RESULTS OF THE MULTIVARIATE LOGISTIC REGRESSION ANALYSIS
Dependent Variable: Poor Emotional Response to Pregnancy
Predictor Variables: Pre-pregnancy Characteristics

Predictor Variables	Coefficient	OR	OR Confidence Interval
■ Family Relations			
Poor	1.96	7.10	1.53 - 33.25
Good		1.00	
■ School Aspirations			
Low	1.46	4.30	1.33 - 13.96
High		1.00	
■ Partner's Age			
Under 18	1.09	2.98	1.08 - 8.21
18 and Over		1.00	
■ Father's Occupation			
Low	.90	2.46	1.08 - 5.60
High		1.00	
■ Adolescent's Age			
Under 17	.79	2.19	1.02 - 4.73
17 - 18		1.00	

$X^2 = 34.83$ p=.0000 D = 16.78

Table 8

THE PSYCHOSOCIAL MEANING OF PREGNANCY
AMONG ADOLESCENTS IN MEXICO CITY

RESULTS OF THE MULTIVARIATE LOGISTIC REGRESSION ANALYSIS
Dependent Variable: Poor Emotional Response to Pregnancy
Predictor Variables: Pre-pregnancy and Support

Predictor Variables	Coefficient	OR	OR Confidence Interval
■ Family Relations			
Poor	2.12	8.35	1.73 - 40.28
Good		1.00	
■ School Aspirations			
Low	1.51	4.53	1.39 - 14.72
High		1.00	
■ Baby's Father's Age			
Under 18	1.41	4.09	1.50 - 11.16
18 and Over		1.00	
■ Support from Baby's Father			
Poor	1.40	4.04	1.86 - 8.77
Good		1.00	

$X^2 = 41.54$ p= .0000 $\bar{D} = 19.41$

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